FORM 95 EQUIVALENT

1. Submit to Appropriate Federal Agency:

Federal Bureau of Prisons 320 First Street NW Washington, DC 20534

2. Name, address of claimant, and claimant's personal representative if any.

Maribel Santana Cerano; Register Number: 99877-479 FMC Carswell Naval Air Station J St., Bldg. 3000 Fort Worth, TX 76127

Represented by:
Randall L. Kallinen
Kallinen Law PLLC
511 Broadway Street
Houston, Texas 77012
attorneykallinen@aol.com
713/320-3785

3. TYPE OF EMPLOYMENT

Civilian

4. DATE OF BIRTH

November 26, 1976

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

March 9, 2022 to the present

7. TIME (A.M. OR P.M.)

This is a medical malpractice case over several months so the times vary

8. BASIS OF CLAIM

Most of the proof and facts are found in the claimant's medical and prison records in the custody of FDC Houston and FMC Carswell in Fort Worth. Claimant gives permission for the FTCA claim evaluators to get copies of all claimants medical and prison records. Claimant was sentenced to federal prison on March 9, 2022 in Houston, Texas. After sentencing she was housed at FDC Houston, 1200 Texas Avenue, Houston, Texas 77002. At the time she had a wound partially caused by silicone implants in her buttocks. While at FDC Houston despite several requests claimant did not see a doctor. During this time the wound was getting worse and claimant was in severe pain. Claimant was not given the appropriate medications to reduce the excruciating pain she endured. During her incarceration she could have had a surgery to close the wound. As a result of the delayed surgery much skin had died and the amount of pain was greatly increased as well as permanent nerve damage. Reconstruction is now not possible due to the delays in treatment and surgery. The scarring is much more pronounced and larger had the treatment and surgery been done as soon as possible or at least at a reasonable time. Furthermore, once claimant arrived at Carswell FMC in May of 2022 there were further delays and at least two times that surgery has been delayed. These further delays have lead to increased and prolonged severe pain and exacerbated and increased the loss of skin and the amount of pain was greatly increased as well as permanent nerve damage. As before reconstruction is now not possible and scarring is more pronounced and larger due to delays in treatment and surgery at FMC Carswell. During these times claimant's wounds became infected and had the proper treatment and surgery these infections and their attendant pain, nausea, and illness could have been avoided.

Additionally, claimant was informed that once she arrived at Carswell there would be the necessary wound treatment equipment there (a portable wound vacuum), however, after she arrived the equipment was not there. This delay in equipment also contributed to the increased pain, scarring, and other problems described above.

The doctors and healthcare professionals involved are listed in the claimant's medical records.

Claimant has some medical records and provides five groups (enclosed) including:

Cerano.med records Part 1 (after arrival at Carswell FMC)

Cerano.med records Part 2 (re: wound equipment promised and needed)

Cerano.med records Part 3 (errors on prison medical records)

Cerano.med records Part 4 (appointments for needed surgery)

Cerano.med records Part 5 (documents illustrating the level of claimant's sickness)

9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.

This is not a property claim.

10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

The injuries are described in #8 above. Plaintiff has suffered increased pain for around 7 months to date. There is permanent severe scarring and nerve damage.

11. WITNESSES NAME ADDRESS (Number, Street, City, State, and Zip Code)

Claimant is a witness.

The healthcare providers at Carwell FMC and Houston FDC (see above addresses) as set forth in the medical records.

- 12. AMOUNT OF CLAIM (in dollars)
- 12a. PROPERTY DAMAGE: NA
- 12b. PERSONAL INJURY: \$25,000,000.00
- 12c. WRONGFUL DEATH: NA
- 12d. TOTAL: \$25,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT

13b. PHONE NUMBER OF PERSON SIGNING FORM: 713/320-3785

14. DATE OF SIGNATURE: November 3, 2022

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE: In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

- 15. Do you carry accident Insurance? No.
- 16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? No.
 - 17. If deductible, state amount. NA
- 18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). NA
 - 19. Do you carry public liability and property damage insurance? No.